



Islamic Center of New Mexico

1100 Yale Blvd SE • Albuquerque • NM 87106
 PO Box 4582 • Albuquerque • NM 87196
 www.icnmabq.org

Tel 505.256.1450
 Fax 505.268.1378

In the Name of Allah, Most Merciful, Most Gracious

APPLICATION FOR FINANCIAL ASSISTANCE

NOTE: Application must be filled out completely to be processed. Please print clearly.

PERSONAL INFORMATION:

First Name: _____ Last Name: _____
 Address: _____ Apt. Number: _____
 City: _____ State: ____ Zip Code: _____
 Telephone: () _____ - _____ Email: _____
 Date of Birth: ____ / ____ / _____ SSN: _____ - _____ - _____
 Marital Status: Married Single Divorced Widowed
 Gender: Male Female

Please list ALL (including self) persons living in the household:

Name:	DOB: mm/dd/yy	Social Security	Relationship
1. SELF	SAME	SAME	SELF
2.			
3.			
4.			
5.			
6.			
7.			

Do you or anyone in your household receive any of the following types of benefits?

(Please provide proof of benefits received)

Source		If Yes (amount)
MEDICAID / SLH	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
HOUSING (SECTION 8 / HUD)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
FOOD STAMPS (Food and cash benefits)	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
GENERAL RELIEF	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$
CHILD SUPPORT/TANF	<input type="checkbox"/> Yes <input type="checkbox"/> No	\$



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Employment: (ICNM may contact your current or former employer)

Are you currently employed? Yes No

Current Employer: _____ Start Date: ____/____/____

Address: _____ City: _____ State: ____

Zip Code: _____ Telephone: () _____ - _____

Former Employer: _____

Start Date: ____/____/____ End Date: ____/____/____

Address: _____ City: _____ State: ____

Zip Code: _____ Telephone: () _____ - _____

MONTHLY EXPENSES: Please provide copy of bill

Description	Amount	Description	Amount
Rent, Mortgage	\$	Medical Bills	\$
Transportation	\$	Electric/Gas/Water	\$
Food	\$	Other	\$
Total	\$		

Other Expenses (please describe in detail the specific expenses you pay per month plus the amount:

PERSONAL REFERENCES:

1) Name: _____ Telephone: () _____ - _____

2) Name: _____ Telephone: () _____ - _____

3) Name: _____ Telephone: () _____ - _____

4) Name: _____ Telephone: () _____ - _____

Have you applied for financial assistances at ICNM before: Yes No

If yes, When? _____

Was Assistance provided? Yes No If Yes, how much? \$ _____

Have you applied for unemployment? Yes No

Have you applied for disability income? Yes No



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Your present gross yearly income level is:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Under \$8,000 | <input type="checkbox"/> \$12,001 to \$14,000 | <input type="checkbox"/> \$20,001 to \$22,000 | <input type="checkbox"/> \$26,001 to \$28000 |
| <input type="checkbox"/> \$8,001 to \$9,000 | <input type="checkbox"/> \$14,001 to \$16,000 | <input type="checkbox"/> \$22,001 to \$24,000 | <input type="checkbox"/> \$28,001 to \$30,000 |
| <input type="checkbox"/> \$9,001 to \$10,000 | <input type="checkbox"/> \$16,001 to \$18,000 | <input type="checkbox"/> \$24,001 to \$26,000 | <input type="checkbox"/> Over \$30,000 |
| <input type="checkbox"/> \$10,001 to \$12,000 | <input type="checkbox"/> \$18,001 to \$20,000 | | |

Bank Account Information:

Bank Name	Location	Balance

* Please furnish the last 2 months bank statements in order to process this application

Expected amount needed: \$ _____

Is this amount one-time or reoccurring? One-Time need Reoccurring

PLEASE DESCRIBE IN DETAIL THE REASON(S) FOR YOUR APPLICATION FOR FINANCIAL AID:
 (continue on back if needed)

What volunteer service can you or your family can provide to the ICNM:

APPLICANT SIGNATURE:

_____ _____
 Name Date

ICNM Official use only:

Application Reviewed by:	
1. _____ Date: _____	3. _____ Date: _____
2. _____ Date: _____	4. _____ Date: _____
Comments:	
Amount Approved:	

FOR YOUR APPLICATION TO BE CONSIDERED, THE FOLLOWING ITEMS NEED TO BE SUBMITTED IN ADDITION TO THIS APPLICATION:

- | | |
|--|---|
| 1) Copy of Driver's license, Copies of birth certificates for all family members (If applying for family assistance) | 3) Copy of Social Security Card |
| 2) Copy of Rent receipt or mortgage statement (If applying for housing assistance) | 5) Copy of last 2 months of utility bills |
| 4) Copies of last 2 months bank statements | 7) Copy of Marriage License (If applicable) |
| 6) Proof of all income including any financial assistance. | |